COMPANY NAME:		NAIC Company Code:
Contact:		Telephone:
REQUIRED FILINGS IN THE STATE	OF: ARIZONA	Filings Made During the Year 2015

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES	
			Dome		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	2	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	Р
	1.1	Printed Investment Schedule detail (Pages E01- E27)	2	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	Р
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 ½"x14")	2	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	Р
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	
	11	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	
	12	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	
	13	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	
	14	Health Care Exhibit (Parts 1, 2 and 3) Supplement	0	EO	XXX	4/1	NAIC	Χ
	15	Health Care Exhibit's Allocation Report Supplement	0	EO	XXX	4/1	NAIC	Х
	16	Interest Sensitive Life Insurance Products Report	1	EO	XXX	4/1	NAIC	
	17	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	
	20	Long Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	21	Management Discussion & Analysis	2	EO	XXX	4/1	Company	0
	22	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	Р
	23	Medicare Part D Coverage Supplement	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	Р
	24	Risk-Based Capital Report	1	EO	xxx	3/31	NAIC	P,Q
	25	Schedule SIS	1	N/A	N/A	3/31	NAIC	
	26	Supplemental Compensation Exhibit	1	N/A	N/A	3/31	NAIC	
	27	Supplemental Schedule O	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	Р

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	•		Dome		Foreign			
			State	NAIC	State			
	28	Trusteed Surplus Statement	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	Р
	29	Workers' Compensation Carve Out Supplement	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	Р
	30	XXX/AXXX Reinsurance Exhibit	1	EO	XXX	4/1	NAIC	
		Actuarial Related Items						
	31	Actuarial Certification Related Annuity Nonforfeiture ongoing Compliance for Equity Indexed Annuities	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	32	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	33	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	34	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	Xxx	3/1 Foreign 3/31 Domestic	Company	Р
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	N/A	4/30	Company	
	36	Actuarial Opinion	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P, V, W
	37	Actuarial Opinion on X-Factors	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	40	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	41	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	42	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	43	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	Р
	44	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	Р

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES	
			Dome		Foreign		•	
			State	NAIC	State			
	45	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	Р
	46	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	Р
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	Р
	48	RBC Certification required under C-3 Phase I	1	EO	XXX	3/31	Company	
	49	RBC Certification required under C-3 Phase II	1	EO	XXX	3/31	Company	
	50	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	51	Statement on par/non-par policies – Exhibit 5 Int. 1 & 2	1	EO	xxx	3/1 Foreign 3/31 Domestic	Company	Р
	52	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	1	N/A	Xxx	3/15	Company	
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	0	EO	XXX	3/1	NAIC	Р
	61	March .PDF Filing	0	EO	XXX	3/1	NAIC	P
	62	Risk-Based Capital Electronic Filing	0	EO	N/A	3/1	NAIC	P
	63	Risk-Based Capital .PDF Filing	0	EO	N/A	3/1	NAIC	P P
	64 65	Separate Accounts Electronic Filing Separate Accounts .PDF Filing	0	EO EO	XXX	3/1 3/1	NAIC NAIC	P
	66	Supplemental Electronic Filing	0	EO	XXX	4/1	NAIC	Г
	67	Supplemental .PDF Filing	0	EO	XXX	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	0	EO	XXX	5/15, 8/15, 11/15	NAIC	
	69	Quarterly Statement Electronic Filing Quarterly .PDF Filing	0	EO	XXX	5/15, 8/15, 11/15	NAIC	
	70	June .PDF Filing	0	EO	XXX	6/1	NAIC	

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			Dome	stic	Foreign			
			State	NAIC	State			
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	XXX	6/1	Company	R
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	J
	84	Communication of Internal Control Related Matters Noted in an Audit	1	N/A	N/A	8/1	Company	R
	85	Independent CPA (Change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	R
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	R
	88	Request for Exemption to File	1	N/A	N/A		Company	J
	89	Relief from five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	90	Relief from one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	91	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
		V. STATE REQUIRED FILINGS***						
	101	Actuarial Certification of Rates for Small Employer Health Benefits Plans and Accountable Health Plan Small Employer Base Premium Rates and Index Rates	1	0	1	4/1	State	Т
	102	Arizona State Page	1	0	xxx	3/1 Foreign 3/31 Domestic	NAIC	F
	103	Audited Financial Report Transmittal Form E-AFR	1	0	0	6/1	State	R
	104	Audited Financial Report Internal Control Filings Transmittal Form E-AFR.IC	1	0	0	8/1	State	R
	105	Certificate of Disclosure Form E-178	1	0	1	3/1 Foreign 3/31 Domestic	State	S
	106	Credit Life, Disability, and Unemployment Insurance Experience Report and Credit Property Insurance Experience Report	1	0	1	4/1	State	Т
	107	Form B and C Insurance Holding Company System Registration Statement	1	0	N/A	3/31	State	U

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			Dome	stic	Foreign			
			State	NAIC	State			
	108	HIPAA Reports to Life & Health Division	1	0	1	3/1	State	T
	109	Management Discussion and Analysis Transmittal - Form E-MDA	1	0	0	4/1	State	0
	110	NAIC Filings Checklist Form E-NAIC.LD (Pages 1 thru 5 Only of this form with Column 1 and page 5 contact information completed)	1	0	1	3/1 Foreign 3/31 Domestic	State	
	111	Annual Tax and Fees Report and Payment	1	0	1	3/1	State	
	112	Records Location Information Form E-176	1	0	0	3/31	State	
	113	Regulatory Asset Adequacy Issues Summary	1	0	XXX	3/15	Company	V, W
	114	Signed Jurat	1	0	xxx	3/1 Foreign 3/31 Domestic	NAIC	L

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

PREPARED BY:		
NAME & TITLE	PHONE NUMBER	E-MAIL ADDRESS

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

^{***}For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm.

	NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS)	
Α	Required Filings Contact Person:	Tony McCormack Administrative Assistant III Phone: (602) 364-3245 OR E-mail address: AMccormack@azinsurance.gov
В	Mailing Address:	Arizona Department of Insurance Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269
С	Mailing Address for Filing Fees: Foreign - Due 3/01 Domestic - Due 3/31	Arizona Department of Insurance Insurance Tax Unit 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269 Use appropriate form located on our Tax Forms and Instructions web page at http://www.azinsurance.gov/taxunit/index.html and the NAIC OPT ins System. YOU MAY ELECTRONICALLY FILE AND PAY TAXES AND FEES VIA THE NAIC OPT ins SYSTEM.
D	Mailing Address for Premium Tax Payments: Premium Tax Due Dates: Annual Tax Payment Due 3/1 Six Installment Tax Payments Due 3/15, 4/15, 5/15, 6/15, 7/15, 8/15	Arizona Department of Insurance Insurance Tax Unit 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269 Contact Person: Susan Yepez (602) 364-3997 E-mail address: Syepez@azinsurance.gov Use appropriate form located on our Tax Forms and Instructions web page at http://www.azinsurance.gov/taxunit/index.html and the NAIC OPTins System. YOU MAY ELECTRONICALLY FILE AND PAY TAXES AND FEES VIA THE NAIC OPTins SYSTEM.
Е	Delivery Instructions:	All packages <u>must</u> bear U.S. postmark or courier pick-up date. If due date is a weekend or holiday, deadline is next business day.
F	Late Filings: License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement.	Up to \$25.00 per day – Annual Statement, Annual Fees, Actuarial Opinion, Management Discussion and Analysis or Audited Financial Report. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$100.00 per day – Quarterly Statements. We use the USPS postmark or courier pick-up date as the date filed.
G	Original Signatures:	DOMESTIC: Original signatures are required on <u>all</u> filings except for the Duplicate Annual Statement.

		NOTARIZED SIGNATURES <u>MUST</u> BE OF AT LEAST TWO (2) OF
Н	Signature/Notarization/Certification:	YOUR EXECUTIVE OFFICERS, <u>WHO ARE LISTED ON YOUR JURAT</u> PAGE.
ı	Amended Filings:	Must be filed within 10 days with explanation. Signature requirements apply.
J	Exceptions from normal filings:	EXEMPTIONS: Annual Statement filing exemption – NONE. Audited Financial Report exemptions use NAIC Annual Statement Instructions. Must be filed at least 10 days prior to due date. Form F waiver must be filed no later than March 31. Form E-DIRCOMWAIVER. EXTENSIONS: Approved for a catastrophic event only. FOREIGN:
		Must provide a copy of an exemption/extension letter from your state of domicile.
K	Bar Codes (State or NAIC)	Use NAIC Annual Statement instructions.
L	Signed Jurat	<u>Domestic</u> – <u>Must</u> have <u>ORIGINAL</u> NOTARIZED SIGNATURES OF TWO (2) OF YOUR EXECUTIVE OFFICERS <u>WHO ARE LISTED ON YOUR JURAT PAGE.</u>
М	NONE Filings:	Every page of the annual statement must be included in sequential page number order. All State forms <u>must</u> be completed or stamped <u>"None"</u> if there are no entries on the form, and returned as instructed.
N	Filings new, discontinued, or modified materially since last year:	None of the filings have been discontinued since last year.
0	Management Discussion and Analysis Report Transmittal Form E-MDA	Form E-MDA <u>MUST</u> be completed and attached to front cover of the Management Discussion and Analysis Report filed with us.
Р	NAIC Electronic Filings:	NAIC Electronic Filing due date for an Arizona domestic company not licensed in any other state is 3/31 (ARS § 20-234)
Q	Risk-Based Capital (RBC)	Must be a bound copy separate from the Annual Statement (not bound inside Annual Statement).
R	Audited Financial Report Transmittal Form E-AFR Internal Control Filings Transmittal Form E-AFR.IC Communication of Internal Control Related Matters Noted in an Audit must be filed even if NO unremediated material weaknesses were noted (so state).	Form E-AFR MUST be completed and attached to front cover of the Audited Financial Report filed with us. Form E-AFR.IC MUST be completed and attached to the Internal Control documents filed with us.

s	Certificate of Disclosure Form E-178	The form should be <u>directed immediately</u> to your EXECUTIVE OFFICERS OR DIRECTORS <u>WHO ARE LISTED ON THE JURAT PAGE</u> for notarized original signatures. <u>Incomplete certificates will not be accepted</u> and may result in statutory penalty of \$25 per day.
Т	 HIPAA Reports Due 3/1 Other Life & Health Division Reports Due 4/1: Credit Life, Disability, and Unemployment Insurance Experience Report Credit Property Insurance Experience Report Actuarial Certification of Rates for Small Employer Health Benefits Plans Accountable Health Plan Small Employer Base Premium Rates and Index Rates Call our Life and Health Division at (602) 364-2393 for assistance with these fillings. Mail To: Arizona Department of Insurance Life and Health Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018 DO NOT send these reports in your Annual Statement package. 	 HIPAA Reports (due March 1) must be filed if you offer health insurance coverage in the individual market. ARS § 20-1382. If NOT REQUIRED, please indicate on form. Use Forms HIPAA-3/1, HIPAA-I, HIPAA-II and HIPAA-III. Credit Life, Disability, and Unemployment Insurance Experience Report (due April 1) must be filed if you write credit insurance business in Arizona. A.A.C. R20-6-604.07. Credit Property Insurance Experience Report (due April 1) must be filed if you write credit property insurance in Arizona. ARS 20-1621.05 The forms above are on our web site at http://www.azinsurance.gov/insforms.html#section_two-a Scroll down to "Life and Health Division Reporting Forms." Actuarial Certification of Rates for Small Employer Health Benefits Plans (due April 1) must be filed if you are an approved Accountable Health Plan. ARS § 20-2311(E). Accountable Health Plan Small Employer Base Premium Rates and Index Rates (due April 1) must be filed if you are an approved Accountable Health Plan. ARS § 20-2311(G).
U	Form B and C Insurance Holding Company System Registration Statement DO NOT send in Annual Statement package.	ARIZONA DOMESTIC COMPANIES ONLY. See Forms E-185, E-185B, E-185C, E-185D, E185F, and E-185XD, available on our web site at http://www.azinsurance.gov/corp_misc.html
٧	Statement of Actuarial Opinion ALSO SEE NOTE W	See ARS Title 20, Chapter 3, Article 8. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20
W	Regulatory Asset Adequacy Issues Summary ARIZONA DOMESTICS ONLY	Mail ONE original in envelope stamped or labeled "Confidential" to: Attention: Alan Walters, CFE, Financial Analyst (see Instruction B for mailing address)
Х	Health Care Supplements	You are not required to file hard copies of these new Supplements with us.

General Instructions for Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filings submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist) Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #) Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings) Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The March .PDF Filing is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts .PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Separate Accounts** .PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental** .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Statement Electronic Filing** includes the quarterly statement data.

The **Quarterly** .**PDF Filing** is the .pdf for quarterly statement data.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies) Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date) Indicates the date on which the company must file the form.

Column (6) (Form Source) This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes) This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.